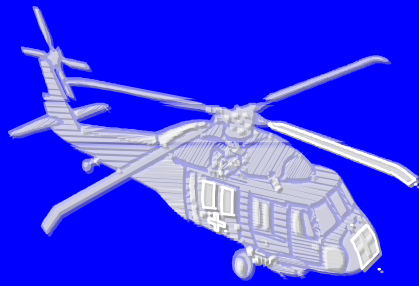

THE U.S. ARMY AVIATION MEDICINE PROGRAM

COL JAMES S. MCGHEE

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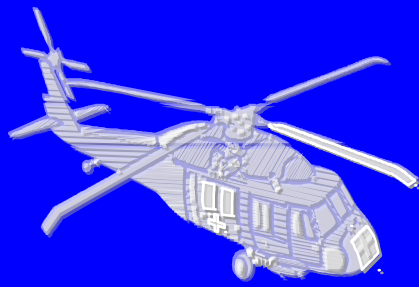
USASAM



- Advanced Distributed Learning
  - Classroom XXI
  - Hundreds of sites being installed across world
  - MEDNET and TNET
- Problem - what is it good for?
  - Supplement safety meetings?
  - Refresher training?
  - Pre-deployment briefings?

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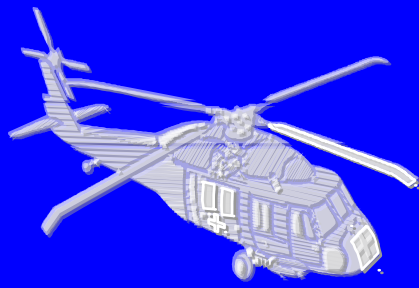

- Computer Based Training
  - Web based or CD based.
  - Good for just-in-time training.
    - Laser incident in Bosnia
  - Good for refresher training.
    - Physiology refresher training for fixed wing pilots
  - Good for initial training???

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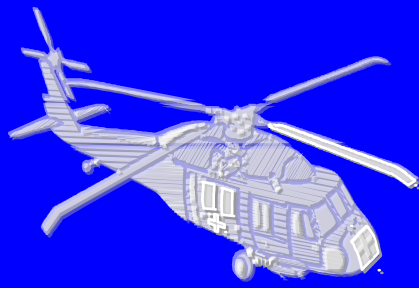
USASAM



- Rewriting ARMS checklist
  - base it in regulations
  - make it more relevant
  - route report to MTF Cdr and STARC Surgeon
  - found on
    - Ultimate Flight Surgeon CD
    - www.forscom.army.mil/avn/avnmed98.doc

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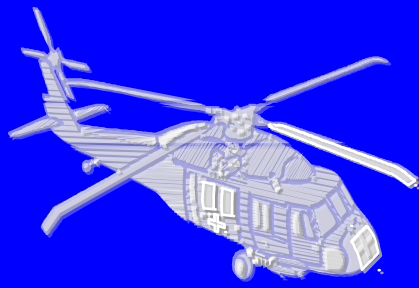
USASAM



- Does USASAM meet your needs?
  - Is a flight medicine clinic NCOIC course needed?
  - Do we need to train ACLS, BTLS, PALS in the flight medic course?
  - Working on reworking the Flight Surgeon course to first two weeks on CD, the next 4 weeks divided into two 2 week blocks for convenience of ARNG.

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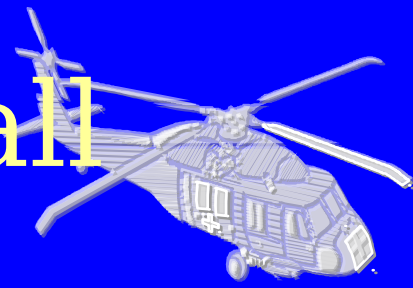
Flight Surgeon Shortfall



- ODP on 27 JAN 99 established 146 positions with 100% fill anticipated.
- April 99 discovered severe shortfall among FS and GMO.
- As of now, 34 of 146 positions (23%) are unfilled.
- Korea, Germany, Sinai are OK,
- FORSCOM and TDA CONUS hurting.

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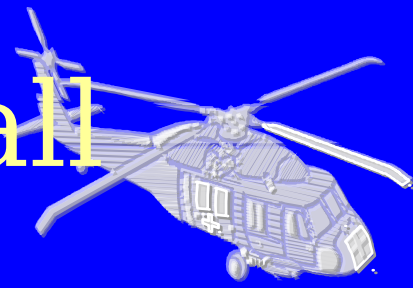
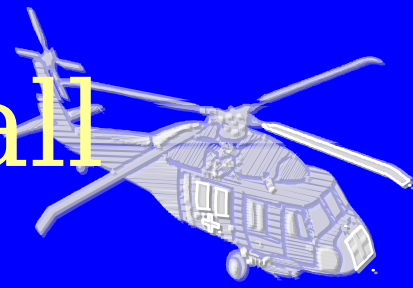
Flight Surgeon Shortfall



- Ramifications
  - Unit level Aviation Medicine program affected.
  - PROFIS taskings redistributed.
  - MEDCOM will have fewer FSs to task for same number of deployments.
  - Area support for ARNG will suffer.

Flight Surgeon Shortfall



- PERSCOM Solution is to use GME washout/dropouts to fill positions - expect only 20 at best.
- RMC/MTF will have to be creative
  - retrain secondary 61N holders
  - use APA's (ANP's?)
  - train contract/DAC doctors as AMO's?

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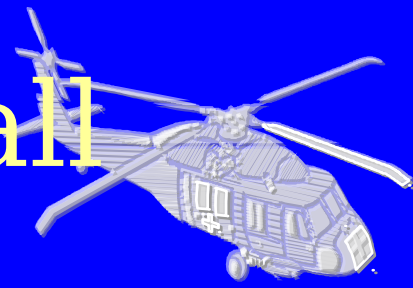
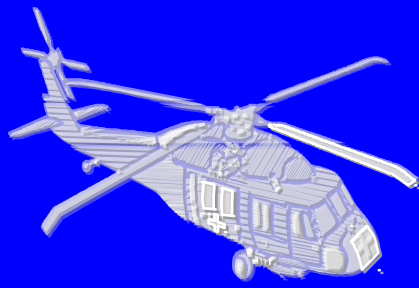
Flight Surgeon Shortfall



- We must stop sending unqualified flight surgeons on isolated field deployments. Docs not credentialled at home as FS should not deploy as FSs.
- Policy now in effect which outlines what a rusty FS must do prior to deployment.
- Will develop CD based refresher training by summer.

A.R. CHANGES



- AR 40-501 PHYSICAL STANDARDS
  - Consultant is proponent for Ch 4 & 6. These were rewritten and accepted December 1998.
- AR 40-3 Med. Dent and Vet Care
  - Added a new chapter delineating aviation medicine services in December 1998.
  - Regulation has gone to the field for comment.

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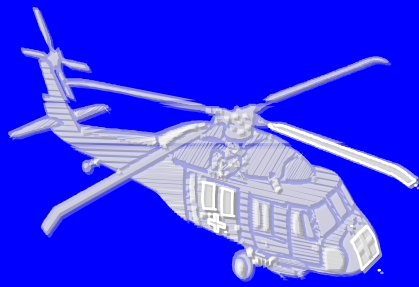
A.R. CHANGES



- AR 616-110 Selection, Training and Utilization of Flight Surgeons
  - Current edition dated APR 86, **needs updating.**
- HSC Pam 40-7-25 Aviation Medicine dated May 87
  - **Needs to be updated and made a MEDCOM REG.**

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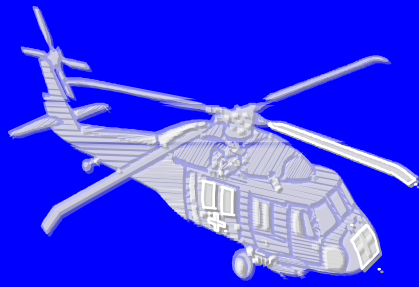
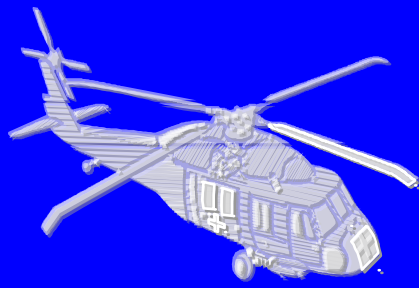
USAAMC



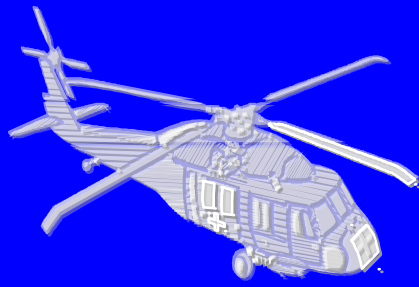
- Commander has been designated Branch Immaterial position. This position is seen by AMEDD as being only a MEDDAC commander. Lyster ACH is part of USAAMC, but it has an Army wide impact as well through AAMA.

USAAMC



- **USAAMC Commander should be an Aviation Medicine Specialist because:**
  - Designated advisor to Aviation Branch Chief.
  - Signature authority on APLs & TBs.
  - Signature authority on aeromedical disposition recommendations to PERSCOM.
  - Commands a key medevac unit in the Army with both rotary and fixed wing assets.

Residency in Avn Med



- Military Graduate Medical Ed is Changing.
  - Historically we have drawn RAMs from the GMO FS pool, but that is drying up quickly.
  - Strong push to stop offering residencies to already boarded physicians.
  - Bde Surgeon slots are actively being converted to residency trained positions.
  - No exposure to Avn Med in medical school or transitional internship.

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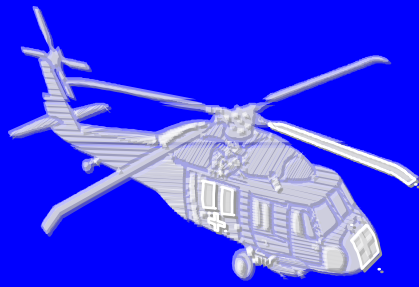
Residency in Avn Med



*Current training pipeline is inadequate to meet the need.

Year Graduating	LTC	MAJ [rank at graduation]
1999	2	0
2000	0	3
2001	0	1
2002	1	2

*There are 11 Aviation Brigades in the active component (7 CONUS and 4 OCONUS). Only 3 have aviation medicine specialists in them now, and they will leave in 2000.

*If we move from 3 to 5 residents per year to 10

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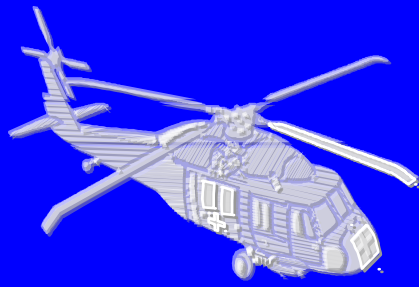
Residency in Avn Med



- Response to new GME environment :
  - Choose residents early, like other specialties.
  - Do Aerospace year at Naval Aerospace Medicine Institute.
  - Third year is unaccredited, clinically intense and will either be with Navy or Army.
  - Graduate goes directly to aviation brigade surgeon position.

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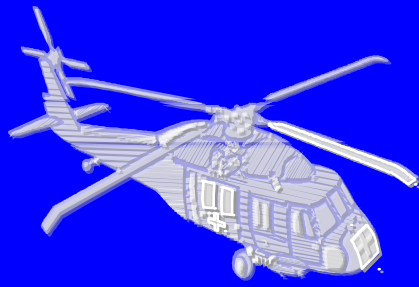
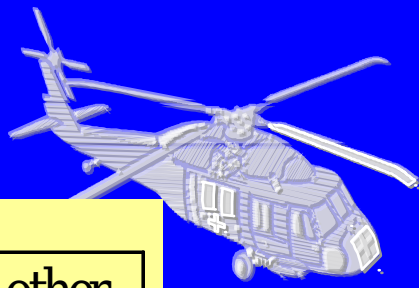
Residency in Avn Med



- Why change to the Navy program?
  - More clinically oriented.
  - More program flexibility which will allow more Army specific training.
  - Closer to Ft. Rucker, which facilitates Army rotations.
  - Accepts residents out of internship.
  - Costs no more and may cost less than Air Force program.

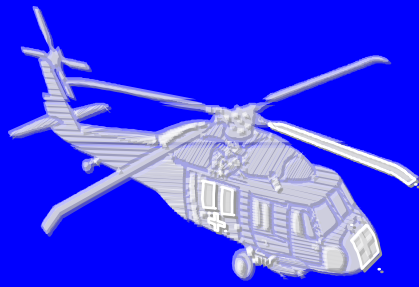
Career Progression



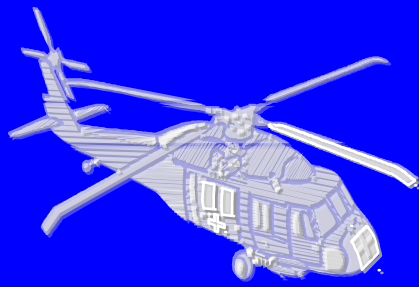
	Flt Sgn 61-N	Occ Hel 60-D	Prev Med 60-C	60-A	other
CPT	0	0	0	0	0
MAJ	4	0	2	1	0
LTC	10	1	3	7	4
COL	4	0	0	10	0
TOTALS	**18**	**1**	**5**	**18**	**4**

Distribution of the **46** Aeromedical Specialists now on Ac

Career Progression



- RAM graduate goes to AVN BDE
- Branches out after operational tour
  - Research = USAARL
  - Education = USASAM
  - Policy = AAMA
  - Leadership = TDA or TOE positions
- APPD has agreed to 32 RAM specific jobs.



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